

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CL	949	5/20/01
RESPONSE FORMALITY REVIEW	ZM	927	05 18 01

1725  
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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here